

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	(Type or Print	(Clearly)	
PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Kamali'i	Adrian	K.	8085998705
MAILING ADDRESS (Street)			FAX
1050 Kina'u Street, STE 706			8083560868
(City)	(State)	(Zip Code)	
Honolulu	Hi	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Pae 'Aina Communications, LLC			8085998705
MAILING ADDRESS (Street)		FAX	
SAME AS ABOVE			8083560868
(City)	(State)		(Zip Code)

PART II ORGANIZATION YOU			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Pae 'Aina Communication	8085998705		
MAILING ADDRESS (Street)	FAX		
1050 Kina'u Street		8083560868	
(City)	(State)	(Zip Code)	
Honolulu HI		96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Adrian Kamali'i		8085998705	
MAILING ADDRESS (Street)		FAX	
SAME AS ABOVE		8083560868	
(City)	(State)	(Zip Code)	

✓ Agriculture ✓ Education ✓ Human Services ✓ Science, Technology & Economic Development Economic Development Economic Development Economic Development Intermational Affairs ☐ Communications & Public Utilities ✓ Government Operation & Integrovernmental Relations, Interpolation intermational Affairs ✓ Transportation ☐ Consumer Protection & Commerce ✓ Hawaiian Affairs ☐ Labor & Employment ✓ Transportation ✓ Cutture, Arts, Historic Preservation ☐ Health ✓ Planning, Land & Water Use Management ☐ Other (indicate below) ✓ Ecology, Energy Environmental Protection ✓ Housing ☐ Public Safety & Corrections PART IV CERTIFICATION OF LOBBYIST I hereby certify that the information fumished above is, to the best of my knowledge, correct and complete. ✓ (Signature of Lobbyist) I the best of my knowledge, correct and complete. ✓ (Signature of Lobbyist) I TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President & Chief Consultant NAME OF ORGANIZATION (if applicable) TELEPHONE 8085998705 MAILING ADDRESS (Street) FAX 8083560868 (City) (State) (State) (Zip Code) I hereby authorite the above - hamed person to engage in lobbying activities on behalf of the undersigned.						
Communications & Government Operation & Intergovernmental Relations, International Affairs		OF SUBJECTS UPON WH	HICH YOU EXPECT TO LOBBY	Y		
Public Utilities Finance International Affairs Tourism & Recreation	Agriculture	Education	✓ Human Services	Science, Technology & Economic Development		
Commerce Culture, Arts, Historic Preservation Culture, Arts, Historic Preservation Preservation Planning, Land & Water Use Management Other: (indicate below) Part IV Certification of Lobbyist I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. (Signature of Lobbyist) PART V AUTHORIZATION TO LOBBY NAME Title Of AUTHORIZING OFFICER OR PERSON REPRESENTED Adrian Kamali'i President & Chief Consultant NAME OF ORGANIZATION (if applicable) Pae 'Aina Communications, LLC MAILING ADDRESS (Street) SAME AS ABOVE (State) (State) (State) (Zip Code) (Signature of Lobbying activities on behalf of the undersigned. (City) (Signature of Lobbying of Authorize the above - Named person to engage in lobbying activities on behalf of the undersigned.				✓ Tourism & Recreation		
Preservation		🗹 Hawaiian Affairs	☐ Labor & Employment	✓ Transportation		
PART IV CERTIFICATION OF LOBBYIST I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. (Signature of Lobbyist) PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Adrian Kamali'i President & Chief Consultant NAME OF ORGANIZATION (if applicable) Pae 'Aina Communications, LLC MAILING ADDRESS (Street) SAME AS ABOVE (State) (State) (State) (State) (Zip Code) I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		☐ Health		Other: (indicate below)		
PART V AUTHORIZATION TO LOBBY NAME Adrian Kamali'i NAME OF ORGANIZATION (if applicable) Pae 'Aina Communications, LLC MAILING ADDRESS (Street) SAME AS ABOVE (Signature of Lobbyist) TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President & Chief Consultant TELEPHONE 8085998705 FAX 8083560868 (City) (State) (State) (State) (Zip Code) (State undersigned.		✓ Housing	Public Safety & Corrections			
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SAME AS ABOVE (City) (State) (Zip Code) I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned. (Signature of Authorizing Officer or Barren Barren (A))	Pae 'Aina Communications, LLC					
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(Signature of Authorizing Officer or Pamer Panesanted)	I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
(Date)	(Signature of Au	thorizing Officer or Person Repres	enfed)	(Data)		